

# Illicit Discharge Detection & Elimination MS4 Site Investigation Sheet

Maximo Insp. ID	Inspection Date/Time	Facility Contact:  NAME: TITLE: COMP: PHONE: EMAIL: ADDR:  Lessee:  NAME: TITLE: COMP: PHONE: EMAIL: ADDR:  Owner Info:  NAME: TITLE: COMP: PHONE: EMAIL: ADDR:  SIC Codes:
Inspection Description	Work Type	
File No.	Status	
Asset/TMK	Deficiencies Identified	
Location/Watershed	Violations Identified	
Receiving State Water	Inspector	
Route ID/Route Name	Inspector 2	
Address	Weather	
Milepost and Offset	Wind Condition	
Station	Precipitation in last 24 hours	
Project Number	Reason for Investig.	
Follow-up Required	Date of Complaint/Referral	
LOW/NOV Issue By	HDOT Permit Type	
Owner/Rep Response Deadline	HDOT Permit #	
DOT Drainage Conveyance Affected	HDOT Permit Status	
DOT Conveyance Material	Connection Type Size	

Task	Activity Description	Yes?	No?	N/A	Marked Defic.	Comments
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## General

10	Illicit Discharge Suspected?					
11	Dry weather flow?					
12	Color?					
13	Sheen?					
14	Odor?					
15	Solids?					

Task	Activity Description	Yes?	No?	N/A	Marked Defic.	Comments
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**General**

- 20 Is there visible flow into the State MS4? If yes, what is the est. rate of flow (gal/min)?

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- 21 Source of discharge visually identified? If yes, describe source.

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**Field Sampling**

- 30 Field sampling performed?

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- 31 Does temperature vary greatly from ambient air temperature?

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- 32 Is pH outside of range 6.0-9.0?

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- 33 Is conductivity greater than 2000 µS/cm?

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- 34 Is turbidity greater than 100 NTU?

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- 35 Is ammonia greater than 1 mg/L?

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**Documentation**

- 40 Illegal Connection suspected? Describe size and material of pipe or other type of connection.

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- 50 Construction Permit issued? If yes, list Construction Permit number and date issued.

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**Additional Information**

SIS Narrative

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